

RAUL UVALLERES T-59954  
Name and Prisoner/Booking Number  
CSP SOLANO (LEVEL 3) A2-1061  
Place of Confinement  
P.O. BOX #4000, 2100 PEABODY ROAD  
Mailing Address  
VACAVILLE, CALIF. 95696  
City, State, Zip Code

**FILED**

MAR 21 2024

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY ams  
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

RAUL UVALLERES  
(Full Name of Plaintiff)

Plaintiff,

v.

(1) K. RUETER, ET AL.  
(Full Name of Defendant)

(2) SHINA PATEL

(3) S. GATES

(4) S. AWATANI

Defendant(s).

☒ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:23-cv-0160 DJC AC (PC)

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

☐ Original Complaint

☒ First Amended Complaint

☐ Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☒ Other: THE COURT HAS SUPPLEMENTAL JURISDICTION OVER PLAINTIFF STATE TORT CLAIMS UNDER 28 USC § 1367.

2. Institution/city where violation occurred: SOLANO, HOSP, DVI, HOSP, CCC, PVSP, SOLANO

DEFENDANTS (CONT.)

5. N. AHMAD.
6. O. ONYEJE .
7. M. FELDER .
8. JOHN/JANE DOE #1 .
9. JOHN/JANE DOE #2 .
10. JOHN/JANE DOE #3 .
11. JOHN/JANE DOE #4 .
12. JOHN/JANE DOE #5 .
13. JOHN/JANE DOE #6 .
14. JOHN/JANE DOE #7 .

### B. DEFENDANTS

1. Name of first Defendant: K. RUETER, M.D.. The first Defendant is employed as:  
M.D. C.M.E at HIGH DESERT STATE PRISON (HOSP)  
(Position and Title) (Institution)
2. Name of second Defendant: DR. ALI / SHINAPATEL. The second Defendant is employed as:  
PA-C at CALIFORNIA CONSERVATION CENTER (CCC).  
(Position and Title) (Institution)
3. Name of third Defendant: S. GATES. The third Defendant is employed as:  
CHEIF, DIRECTOR'S LEVEL at HEALTH CARE CORRESPONDENCE APPEALS BRANCH  
(Position and Title) (Institution)
4. Name of fourth Defendant: S. AWATANI. The fourth Defendant is employed as:  
CHIEF PHYSICIAN AND SURGEON at DUEL VOCATIONAL INSTITUTION (DVI).  
(Position and Title) (Institution)

SEE ATTACHED ADDITIONAL DEFENDANTS

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

### C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? N/A. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: N/A v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

DEFENDANTS

5. NAME OF FIFTH DEFENDANT N. AHMAD. THE DEFENDANT IS EMPLOYED AS M.D. CME AT CCC . .
6. NAME OF SIXTH DEFENDANT O. ONYEJE. THE DEFENDANT IS EMPLOYED AS C.M.E. AT PLEASANT VALLEY STATE PRISON.
7. NAME OF SEVENTH DEFENDANT M. FELDER. THE DEFENDANT IS EMPLOYED AS C.E.O. AT CSP SOLANO.
8. NAME OF EIGHTH DEFENDANT JOHN/JANE DOE <sup>#1</sup>. THE DEFENDANT IS EMPLOYED AS (P.C.P.) PRIMARY CARE PHYSICIAN AT HO SP C-YARD.
9. NAME OF NINTH DEFENDANT JOHN/JANE DOE <sup>#2</sup>. THE DEFENDANT IS EMPLOYED AS P.C.P. AT D.V.I.
10. NAME OF TENTH DEFENDANT JOHN/JANE DOE <sup>#3</sup>. THE DEFENDANT IS EMPLOYED AS P.C.P. AT HO SP D-YARD.
11. NAME OF ELEVENTH DEFENDANT JOHN/JANE DOE <sup>#4</sup>. THE DEFENDANT IS EMPLOYED AS P.C.P. IN OHU AT CCC.
12. NAME OF TWELVTH DEFENDANT JOHN/JANE DOE <sup>#5</sup>. THE DEFENDANT IS EMPLOYED AS P.C.P. AT P.V.S.P.
13. NAME OF THIRTEENTH DEFENDANT JOHN/JANE DOE <sup>#6</sup>. THE DEFENDANT IS EMPLOYED AS P.C.P. AT SOLANO STATE PRISON.
14. NAME OF FOURTEENTH DEFENDANT JOHN/JANE DOE <sup>#7</sup>. THE DEFENDANT IS EMPLOYED AS SECRETARY OF CDCR IN SACRAMENTO CALIFORNIA. HE IS THE EMPLOYER OF ALL DEFENDANTS AND THEREBY RATIFIES THEIR DECISIONS.

**D. CAUSE OF ACTION****CLAIM I**

1. State the constitutional or other federal civil right that was violated: 1<sup>ST</sup> AMEND., RIGHT TO REDRESS GRIEVANCES, 8<sup>TH</sup> AMEND., NOT TO BE SUBJECT TO CRUEL AND UNUSUAL PUNISHMENT, 14<sup>TH</sup> AMEND., EQUAL PROTECTION

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

THE PRISONS CONTRACTED OUTSIDE CARE THEY COULD NOT PROVIDE THEMSELVES. K. RUETER, M.D. CME AT HDSP REFUSED TO CONTINUE THE CONSULTATION'S ORDERS AND INSISTED THAT OXCARBAZEPINE WAS SUFFICIENT TO MITIGATE PAIN. BLAMED NON-DIAGNOSIS ON COVID-19 PANDEMIC, REFUSED TO EVALUATE PAIN MANAGEMENT LEVEL OF CARE. REFUSED TO PLACE MEDICAL HOLD TO PREVENT TRANSFER AND STATED TRANSFERS WERE PREROGATIVE OF CUSTODY ONLY. ALLOWED TRANSFER IN SPITE OF BEING AWARE OF MEDICAL NEEDS. S. AWATANI, CHIEF PHYSICIAN AND SUPERVISOR AT DV.I., REFUSED TO REINSTATE REFERRALS TO CONSULTATIONS, SAID THAT HE WAS UNDER NO OBLIGATION TO FOLLOW NON CDCR CCHCS DOCTORS ORDERS, EVEN WHEN THEY OUTLINE THE NEED FOR TREATMENT. N. AHMAD M.D. CME. AT CCC, ALSO STATED HAD NO OBLIGATION TO FOLLOW NON CDCR CCHCS DOCTORS ORDERS, BLAMED ANY NON-DIAGNOSIS ON COVID-19 PANDEMIC PROTOCOLS, SAID TRANSFERS OF HOUSING ARE CUSTODY RESPONSIBILITY NOT MEDICAL. I HAD REQUESTED THAT MY CONSULTATION DOCTOR'S ORDERS BE FOLLOWED (THAT IS FOOT SURGERY ON BOTH FEET AND PROPER RECOVERY HOUSING AFTER SURGERY) O. ONYEJE, C.M.E. AT PVSP, FAILED TO REINSTATE THE ORDERS FROM CONSULTING DOCTORS ORDERS, ALLOWED P.C. P. UNKNOWN TO PRESCRIBE PSYCHIATRIC MEDS IN LIEU OF PROPER PAIN MEDS. FAILED TO INFORM PATIENT OF NEUROSURGEON'S FINDINGS DEGENERATIVE SPINE DISCS AND NERVE OBSTRUCTIONS. M. FELDER, C.E.O., FAILED TO ACKNOWLEDGE CONSULTATION DOCTOR'S ORDERS PERTINENT TO FEET SURGERIES AND NECK/SPINE ORDERS FOR TREATMENT. S. GARS, CHIEF HCCAB (DIRECTOR'S LEVEL) FAILED TO NOTE DURATION OF TIME PASSED, FAILED TO ACKNOWLEDGE THAT ALTHOUGH

SEE ATTACHED ADDITIONAL PAGE FOR CLAIM I

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

PAIN AND SUFFERING AMOUNTING TO SYSTEMIC DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEED RESULTING IN CRUEL AND UNUSUAL PUNISHMENT

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

CLAIM I  
(CONT.)

3. THEY CDCR AND CCHCS HAVE NO OBLIGATION TO FOLLOW ORDERS OF ANY CONTRACTED CONSULTATION DOCTOR, SURGERY WAS FACILITATED WITHIN TEN DAYS, THEN A TRANSFER WAS FACILITATED WITHOUT RECOVERY TIME. HE ALLEGED THAT I WANTED CARE COMPARABLE TO OTHER PATIENTS WHOM HE DOESN'T MENTION BY NAME OR DIAGNOSIS. HE ALSO ALLOWED PSYCHIATRIC MEDS FOR NON PSYCH TREATMENT. ALL OF THE DEFENDANTS FAILED TO WORK WITH CUSTODY STAFF TO MINIMIZE PATIENT MOVEMENT BETWEEN INSTITUTION/FACILITIES THAT RESULT IN CHANGES TO A PATIENTS PANEL ASSIGNMENT I.E. DOCTORS, NURSES, OUTSIDE CONTRACT DOCTORS. ALL DEFENDANTS FAILED TO AVOID UNNECESSARY CHANGES IN THE MEMBERSHIP OF THE PATIENTS CARE TEAM SO AS TO REDUCE DISRUPTIONS IN CARE. ALL DEFENDANTS FAILED TO RECOGNIZE PATIENT CARE NEEDS THAT FALL OUTSIDE THE SCOPE OF WHAT IS PROVIDED BY THE CARE TEAM AND WHEN APPROPRIATE AND TIMELY TO INITIATE PROPER REFERRALS. ALL DEFENDANTS FAILED TO MANAGE THE HANDOFFS OF PATIENTS FROM ONE CARE TEAM TO THE NEXT AND TO RECOGNIZE THE NEED OF ELEVATED LEVELS OF SPECIALTY CARE. ALL DEFENDANTS FAILED TO MANAGE PATIENT CARE CONSIDERATIONS CONCERNING HIGH RISK OR OTHERWISE CLINICALLY COMPLEX FORMS OF CARE AND TREATMENT. ALL DEFENDANTS FAILED TO MANAGE PROVISION OF PREVENTATIVE SERVICES AND MANAGEMENT OF SUBPOPULATIONS WITH SPECIFIC CHRONIC DISEASES. THE SECRETARY OF CDCR OVERSEES ALL INSTITUTIONS AND POLICY, THIS INCLUDES WARDENS AND CEO'S AND CME'S OF INSTITUTIONS. ALL CLAIMS HAVE BEEN EXHAUSTED TO DIRECTOR'S LEVEL SECRETARY'S OR DESIGNEE'S. ~~ALL~~ DEFENDANTS SUED IN BOTH INDIVIDUAL AND OFFICIAL CAPACITIES, FOR CONSTITUTIONAL VIOLATIONS OF UNITED STATES, AND FOR WILLFUL AND DELIBERATE NEGLIGENCE OF STATE LAW.

(3 CONT.)

## CLAIM II

1. State the constitutional or other federal civil right that was violated: AOA AMENDMENTS ACT OF 2008, EFFECTIVE 1-1-2009, REHABILITATION ACT, EIGHTH AMENDMENT CRUEL AND UNUSUAL

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion   | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>ACCESS TO PROGRAMS, DISCRIMINATION.</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

DR. ALI/SHINA PATEL PA-C PREVARICATED DOCUMENTS TO PLACE ME IN A MEDICAL INFIRMARY. SHE STATED THAT MY MOBILITY ISSUES NECESSITATED PLACEMENT IN Q.H.U. SHE DID THIS DUE TO MY ASKING FOR CONTINUANCE OF PODIATRY ORDERS FOR SURGERY. SHE CANCELLED ALL REFERS TO SPECIALTY CONSULTATIONS AND REQUESTED IMMEDIATE TRANSFER. I REQUESTED ACCOMMODATION FOR PAIN MEDICATION EVALUATION AND SPECIALTY CONSULT, AND RE-EVALUATION OF UNNECESSARY UPGRADE IN D.P.P. CLASSIFICATION, WHILE HOUSED IN Q.H.U. SO AS TO GET BACK TO PROGRAMS. INDIVIDUALLY AND OFFICIALLY SUED IN CAPACITY.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

WASNT ALLOWED ACCESS TO PROPERTY, MEDICAL STAFF, JOBS, SCHOOL, COLLEGE, REHABILITATIVE PROGRAMS SUCH AS A.A., N.A., ANGER MANAGEMENT, LIFER GROUPS, AMONG OTHERS AVAILABLE ON MAINLINE, BASED SOLELY ON MY DISABILITY WHICH IMPACT DAILY LIFE.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_



**CLAIM III**

1. State the constitutional or other federal civil right that was violated: 1<sup>ST</sup> AMEND RIGHT TO REDRESS GRIEVANCES, RIGHT TO BE FREE OF RETALIATION WHEN PURSUING MEDICAL REDRESS AND ACCOMMODATION 8<sup>TH</sup>, 14<sup>TH</sup>.

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                        | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                       | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>EQUAL PROTECTION,</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

COCR, ANNOUNCED AN ADMINISTRATIVE DIRECTIVE THAT STATED NOT TO SEND G.P. INMATES TO NON-DESIGNATED FACILITIES. CMF IS A MENTAL HEALTH MEDICAL INSTITUTION. THERE ARE DESIGNATED MEDICAL FACILITIES WHICH ALLOW FOR ACCESS TO SPECIALTY CONSULTATION ACCESS, MEANING CLOSE PROXIMITY TO OUTSIDE CONTRACT MEDICAL FACILITIES IN THE PUBLIC. THIS WAS DONE BY JOHN/TANE DOE #5 AT P V SP. AND S. GATES CHIEF HCCAB DIRECTOR'S LEVEL. ALL DEFENDANT INDIVIDUAL AND OFFICIAL CAPACITIES.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I WAS MISDIAGNOSED OR CONFUSED, REQUIRING MENTAL HEALTH CARE, WHEN I DO NOT. ENDANGERED MY LIFE, AS WELL AS SUBJECTED ME TO PSYCHOTROPIC MEDS, I HAD NO NEED OF.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.



**E. REQUEST FOR RELIEF**

State the relief you are seeking:

DECLARATORY RELIEF OF BEING WILLFULLY SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT.  
INJUNCTIVE RELIEF FROM DELIBERATE INDIFFERENCE \$500,000.00 OF EACH DEFENDANT, TOO.  
PUNITIVE, COMPENSATORY, EXEMPLARY DAMAGES APPROPRIATE TO INJURIES AND WILLFUL  
CONDUCT OF DEFENDANTS. ANY FURTHER RELIEF PERMITTED BY AND OR ENTITLED TO BY JURY.  
ADEQUATE MEDICAL CARE AND ACCOMMODATION FOR SPECIALIZED NEEDS.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3-17-24

DATE

HIL

SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

PROOF OF SERVICE BY MAIL  
BY PRISONER "IN PRO PER"

I hereby certify that I am over the age of 18 years of age, that I am representing myself, and that I am a prison inmate.

My prison address is: California State Prison – Solano

Housing: A2-7066

P. O. Box 4000

Vacaville, California 95696-4000

On the "date" specified below, I served the following document(s) on the parties listed below by delivering them in an envelope to prison authorities for deposit in the United States Mail pursuant to "Prison Mailbox Rule":

Case Name: Uvalles v Ruetter Case #: 2:23-cv-0106 DJC

Document(s) Served: First Amended Complaint AC (PC)

The envelope(s), with postage fully pre-paid or with a prison Trust Account Withdrawal Form attached pursuant to prison regulations, was/were addressed as follows:

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
OFFICE OF THE CLERK  
501 I STREET SUITE 4-200  
SACRAMENTO, CAL  
95814-2322

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on 3-18-2024, in Vacaville, California.

"date"

Signature: [Signature]

Printed Name: Raul Uvalles